

Instructions

Invoice Number	This is the number assigned by the Contractor for the invoice.
Cost Agreement # (CA#)	This is the authorization number assigned by the Department. This number may be found on the letter from the Department approving the scope of work.
Contractor	This box is to be checked if payment is to be made to the Contractor
Owner or Operator/ Responsible Party	This box is to be checked if payment is to be made to the owner/operator of the underground storage tanks or their authorized agent.
Cancelled Checks	Copies of the front and back of the cancelled checks must be submitted to the Department if the Owner/Operator is the payee or if the cost is to be applied to a SUPERB deductible. The cancelled checks should be attached to the invoice form. If you have not received the cancelled check from your banking institution, you may request the Contractor to provide a notarized statement certifying the amount of payment that has been received.
Amount Requested	This is the amount of financial compensation requested for the services performed. The amount requested may not exceed the amount approved by the Department for the tasks performed or the amount billed by the primary Contractor, whichever is less.
W-9/Tax ID	Please submit a W-9, Tax Identification Number if one is not on file with DHEC. DHEC requires a W-9 before payment may be issued to a Contractor or Well Driller.
Base Price + amount from the Assessment Component Invoice	The base price is the standardized amount allowed for the Initial Ground-Water Assessment. Please attach the Assessment Component Invoice for any footage over 25 feet and sampling of any potential receptor (e.g. potable/irrigation wells, streams.)
Total Amount Requested = base amount \$ _____ + \$ _____ Component Invoice amount	



South Carolina Department of Health
and Environmental Control

ASSESSMENT COMPONENT INVOICE
SOUTH CAROLINA
 Department of Health and Environmental Control
 Underground Storage Tank Program
 State Underground Petroleum Environmental Response Bank Account

Facility Name _____
 UST Permit # _____ Cost Agreement # _____

ITEM	QUANTITY	UNIT	UNIT PRICE	TOTAL
1. Plan*				
A. Plan Preparation		x	\$100.00	\$
B. Tax Maps		x	\$50.00	\$
2. Receptor Survey *		x	\$500.00	\$
3. Comprehensive Survey		x	\$1,000.00	\$
4. Mob/Demob (List Component #)				
A. Equipment		x	\$500.00	\$
B. Personnel		x	\$250.00	\$
5. Soil Borings (hand auger)*		feet x	\$14.00	\$
6. Soil Borings (drilled) and Field Screening*	(includes collection and quantification)			
		feet x	\$17.00	\$
7. Soil Leachability Model		x	\$200.00	\$
8. Abandonment*		feet x	\$4.00	\$
9. Well Installation*	(includes drilling costs)			
A. Water Table (hand auger)		feet x	\$20.00	\$
B. Water Table (drilled)		feet x	\$38.00	\$
C. Telescoping		feet x	\$58.00	\$
D. Rock Drilling		feet x	\$58.00	\$
10. Sample Collection*				
A. Ground-water		samples x	\$55.00	\$
B. Air/Vapor		samples x	\$90.00	\$
11. Analyses-Groundwater	(See Analytical Methodology for analyses)			
A. BTEX+Naph.+MTBE		samples x	\$100.00	\$
B. Rush BTEX analysis		samples x	\$120.00	\$
C. BTEX+naph.+MTBE Trimethylbenzene		samples x	\$135.00	\$
D. PAH's		samples x	\$120.00	\$
E. Lead		samples x	\$20.00	\$
F. EDB		samples x	\$55.00	\$
G. 8 RCRA Metals		samples x	\$140.00	\$
H. TPH (9070)		samples x	\$55.00	\$
I. pH		samples x	\$10.00	\$
J. BOD		samples x	\$40.00	\$
K. Nitrate		samples x	\$20.00	\$
L. Sulfate		samples x	\$20.00	\$
M. Ferrous Iron		samples x	\$20.00	\$
N. Methane		samples x	\$110.00	\$
O. Organic Lead		samples x	\$100.00	\$
P. 8 Oxygenates		samples x	\$85.00	\$

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11. Analyses-Soil				
Q. BTEX + Napth.		samples x	\$100.00	\$
R. PAH's		samples x	\$120.00	\$
S. 8 RCRA Metals		samples x	\$150.00	\$
T. TPH (9071)		samples x	\$60.00	\$
U. TPH (3550)		samples x	\$65.00	\$
V. TPH (5035)		samples x	\$65.00	\$
W. Grain size/hydrometer		samples x	\$75.00	\$
X. Total Organic Carbon		samples x	\$35.00	\$
12. Aquifer Characterization*				
A. Pumping Test		hours x	\$120.00	\$
B. Slug Test		tests x	\$150.00	\$
13. Free Product Recovery Rate Test*		tests x	\$120.00	\$
14. Fate/Transport Modeling				
A. Mathematical Model		models x	\$300.00	\$
B. Computer Model		models x	\$500.00	
15. Risk Evaluation				
A. Tier 1		x	\$300.00	\$
B. Tier II		x	\$500.00	\$
16. Subsequent Survey*		x	\$260.00	\$
17. Disposal				
A. Wastewater				
1. Purging/Sampling		drums x	\$90.00	\$
2. Pumping Test		gallons x	\$0.60	\$
B. Free Product		drums x	\$110.00	\$
C. Soil (Treatment/Disposal)		tons x	\$50.00	\$
18. Miscellaneous *				
		x		\$
		x		\$
		x		\$
19. Report/Project Management and Coordination	0.15	x		\$
20. TOTAL				\$

*The appropriate mobilization cost can be added to complete these tasks, as necessary



ASSESSMENT COMPONENT INVOICE
SOUTH CAROLINA
Department of Health and Environmental Control (DHEC)
Underground Storage Tank Program

ASSESSMENT COMPONENT INVOICE

****See Back of form for instruction ****

UST PERMIT # _____ COUNTY _____

FACILITY NAME _____

STREET ADDRESS _____

INVOICE # _____ COST AGREEMENT # _____

For work performed during (specify time period) _____ to _____

I certify, under penalty of law, that I have personally examined and am familiar with the information submitted in this and all attached documents; and that based on my inquiry of those individuals responsible obtaining this information, and any other information I may be aware of, I believe that the submitted information is true, accurate, and complete. I further agree, in accordance with any DHEC DHEC demand letter, to promptly repay any overpayment received.

****Please fill out BOTH the Contractor and Responsible Party Sections (original signatures). Also indicate the Payee by placing a check in the box next to the Contractor or Responsible Party.****

Payee

☐ CONTRACTOR

Name (Type or Print) _____ Federal Tax ID or Social Security Number _____

Company _____ Telephone Number _____

Address _____ City _____ State _____ Zip Code _____

Signature (please use non-black ink) _____ Title _____ Date Signed _____

Payee

☐ OWNER OR OPERATOR/RESPONSIBLE PARTY Please attach copies of Cancelled Checks (front & back)

Name (type or Print) _____ Federal Tax ID or Social Security Number _____

Company _____ Telephone Number _____

Address _____ City _____ State _____ Zip Code _____

Signature (please use non-black ink) _____ Title _____ Date Signed _____

If payment is to be sent to an address other than above, please indicate below:

Name of Individual or Company (please print) _____ Federal Tax ID or Social Security Number _____

Address (please print) _____ City _____ State _____ Zip Code _____

INVOICE AMOUNT: \$ _____

LESS SUBMITTED/PAID _____

WELL DRILLING COSTS: \$ _____

AMOUNT REQUESTED: \$ _____

Amount Requested is for Assessment activities as Defined in the SCDHEC Letter.

SCDHEC USE ONLY

\$ _____

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